

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 396790

FILED  
Jan 14, 2004  
Secretary of State

Entity Name: CAPRI ISLES GOLF, INC.

**Current Principal Place of Business:**

849 CAPRI ISLES BLVD.  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

849 CAPRI ISLES BLVD.  
VENICE, FL 34292

**New Mailing Address:**

FEI Number: 59-1380785      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCOY, ROBIN L.  
2045 TIMUCUA TRAIL  
NOKOMIS, FL 34275      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: MCCOY, ROBIN L.  
Address: 2045 TIMUCUA TRAIL  
City-St-Zip: NOKOMIS, FL

Title: VP ( ) Delete  
Name: ILER, NORMAN P.  
Address: VILLAGE CIRCLE RD. #208  
City-St-Zip: VENICE, FL

Title: VPS ( ) Delete  
Name: BOBBETT, RONALD M  
Address: 1661 NEW SENECA TRUNPIKE  
City-St-Zip: SKANEATELES, NY

Title: C ( ) Delete  
Name: RICH, THOMAS A.  
Address: 1348 CLUBVIEW PLACE  
City-St-Zip: VENICE, FL

Title: AS ( ) Delete  
Name: MATUSZAK, DAVID  
Address: 5313 72ND ST EAST  
City-St-Zip: BRADENTON, FL 34203

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN L. MCCOY

PT

01/14/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date